M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01974

260

CERTIFICATE OF DEATH

61 Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Champ
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Champ Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) (Last) Bedsworth
4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 18 1870
9. AGE last birthday 68 yrs. If under 1 year Months 11 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Champ Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George McDaniel
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT George Bedsworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Was dead on arrival to that I last saw the deceased alive on No date that I recall, and that death occurred at 4 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Smith M.D. ADDRESS Princess Anne Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Feb. 25 1949 NAME OF CEMETERY OR CREMATORY Dr. C. A. Cemetery LOCATION (City, town, or county) Creole (State) Md.

DATE REC'D BY LOCAL REG. 2/26/49 REGISTRAR'S SIGNATURE K. H. Johnson, M.D. Jr.
24. FUNERAL DIRECTOR Dale Dashiell ADDRESS Princess Anne, Md

RECEIVED
MAR 1 1949
BUREAU V. S.

01975

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

334

CERTIFICATE OF DEATH

97

Reg. Dist. No. 269

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oriole Md — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oriole Md	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Rosa (Middle) Lee (Last) Bennett

4. DATE OF DEATH (Month) Feb. (Day) 23d (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married

8. DATE OF BIRTH Dec 12 1882

9. AGE last birthday 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY House dealers

11. BIRTHPLACE (State or foreign country) Venlon Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Josiah Wheatley

14. MOTHER'S MAIDEN NAME Rosa Priscilla Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs Anna Bozman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Cerebral artery & chronic — 3 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1942, to Feb 19, 1949 (Feb 23) that I last saw the deceased alive on Feb 19, 1949, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE Frank Mat[illegible] (Degree or title) ADDRESS Princess Anne DATE SIGNED Feb. 26, 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE Feb. 26-49 — NAME OF CEMETERY OR CREMATORY Protestant Episcopal — LOCATION (City, town, or county) Movie Md (State)

DATE REC'D BY LOCAL REG. 2/26/49 — REGISTRAR'S SIGNATURE Wm S. Bennett

24. FUNERAL DIRECTOR L G Webster Deal Island ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01976

2411 N. Charles Street, Baltimore

450.0

53

CERTIFICATE OF DEATH

Reg. Dist. No. 268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (In this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) W. (Last) Benton

4. DATE OF DEATH: (Month) Feby (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feby 12 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Deal Island Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander W. Benton

14. MOTHER'S MAIDEN NAME: Mollie Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Raymond Benton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a)	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Generalized Arteriosclerosis	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of External Auricle — 1 year

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1944 to Jan 15, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr Frank Mathews, M.D. Princess Anne 2/14/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 2/14/49 — NAME OF CEMETERY OR CREMATORY St Johns M.E. — LOCATION (City, town, or county) (State) Deal Island Md

DATE REC'D BY LOCAL REG. 2/14/49 — REGISTRAR'S SIGNATURE Lola T. Wheatley

24. FUNERAL DIRECTOR W. H. Webster ADDRESS Deal Island Md

VS. A15

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MAR 4 1949
BUREAU V. S.

01977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Myron H. (Middle) Causey (Last)

4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 18, 1906
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Waterman
11. BIRTHPLACE (State or foreign country) Mt Vernon Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John S. Causey
14. MOTHER'S MAIDEN NAME Addie Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Stephen Mason

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Accidental Drowning

183 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River
(CITY OR TOWN) Princess Anne (COUNTY) R.F.D. Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell from boat

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry M. Lankford M.D. ADDRESS Princess Anne Md DATE SIGNED 3/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 29 1949
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) Mt Vernon (State) Md.

DATE REC'D BY LOCAL REG. 3/29/49
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR Dale Dashiell ADDRESS Pr. Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

01978

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

332

CERTIFICATE OF DEATH

94a Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural #2 Princess Anne, Md.
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) A (Last) COTTMAN

4. DATE OF DEATH (Month) Feb (Day) 26 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sept 17-1871

9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry Cottman

14. MOTHER'S MAIDEN NAME Sarah Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT Mrs Laura E. Cottman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1 hr.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombi	Nov. 1948
	(c) Paralysis st. vicle	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arterial Sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5, 1948, to 2/26, 1949, that I last saw the deceased alive on Feb. 26, 1949, and that death occurred at 2 30/p. m., from the causes and on the date stated above.

SIGNATURE Chas. B. Whaley M.D. (Degree or title) ADDRESS Princess Anne Md. DATE SIGNED 2/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Feb 28-1949 NAME OF CEMETERY OR CREMATORY Emanuel Cemetery LOCATION (City, town, or county) Rural Princess Anne, Md. (State)

DATE REC'D BY LOCAL REG. 2/28/49 REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Md.

24. FUNERAL DIRECTOR Henry T. S. Watson ADDRESS Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443 01979

CERTIFICATE OF DEATH 93d

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (in this place) 44 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Lowe	Elsie	Feb.	28	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fe.	Col.	Widowed	Feb. 8, 1879	70 yrs.	Feb.	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sea Food Worker		Lexington, Miss. Yazoo Co.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Lowe	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	216-18-2083	Mrs. Gertrude Fletcher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	2 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	1 yr.
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ~~Jan.~~ 1 1949., to Feb. 28, 1949., that I last saw the deceased alive on Feb. 28, 1949., and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Sarah M. Peyton	M.D Crisfield, Md	March 1, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 3, 1949	Lawsonia	Crisfield, Somerset, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/3/49	Betty Massey	Norma J. Ward.	Marion Sta., Md.

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

109 Reg. Dist. No. 265

01980

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield, Rural; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (in this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Rural; STREET ADDRESS (If rural give location) S. Somerset Ave.

3. NAME OF DECEASED (Type or Print): (First) Lottie (Middle) May (Last) Ennis

4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 10, 1882

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Crisfield Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Alexander Britton

14. MOTHER'S MAIDEN NAME: Lottie May Britton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: William Benson Ennis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Block - Adams-Stokes Disease — Interval Between Onset and Death: 2 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Thrombosis — 2 wks

(c) Urinary Pneumonia — 4 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 21, 1949, to Feb. 4, 1949, that I last saw the deceased alive on Feb. 4, 1949, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Payton	M.D.	Crisfield, Md	Feb. 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/6/49	Liberty Cemetery	Parksley	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 5, 1949	Janice E Spires	Hurward Covington	

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01981

422.1

93d Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Princess Anne
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sally (Middle) J. (Last) Sebbons

4. DATE OF DEATH (Month) Sept. (Day) 14 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH May 8, 1876

9. AGE last birthday 72 yrs. If under 1 year: Months / Dnys; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) East Pr. Anne

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Burton Sebbons

14. MOTHER'S MAIDEN NAME Letitia Pruitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs Charles Boston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arter. Sclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 1, 1949 to Sept. 14, 1949, that I last saw the deceased alive on 1/28, 1949, and that death occurred at 2/14-49 m., from the causes and on the date stated above.

SIGNATURE T. J. Smith (Degree or title) ADDRESS Princess Anne Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 16, 1949
NAME OF CEMETERY OR CREMATORY Perry Lawson Cemetery
LOCATION (City, town, or county) East Princess Anne (State) Md

DATE REC'D BY LOCAL REG. Sept. 15, 1949
REGISTRAR'S SIGNATURE R. A. Johnson, M.D. C.H.O.
24. FUNERAL DIRECTOR Dale Dashiell ADDRESS —

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.2

01982

CERTIFICATE OF DEATH 96

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broad Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Broad Street

3. NAME OF DECEASED (Type or Print): (First) RAYFIELD (Middle) (Last) McDANIEL

4. DATE OF DEATH: (Month) Feb. (Day) 23, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1901

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Lula White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rupture, Aneurysm, Aorta	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	yrs ?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac asthma — 2 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Feb 2, 1949, that I last saw the deceased alive on Feb, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: J Rawley (Degree or title) M.D. ADDRESS: Crisfield Md DATE SIGNED:

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: Feb. 26, 1949
NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery
LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 2/26/49
REGISTRAR'S SIGNATURE: C. E. Collins
24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, ADDRESS: Crisfield

VS. A15

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MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01983

170

50

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 S Fourth St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural give location) 111 S. Fourth St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	L	Miles	Feb	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fem	Col	widowed	12-25-1885	63 yrs.	1	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sea food work		Annapolis Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Cullin	on known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	213-05-8542	Lloyd Dennis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of stomach (metastatic)	5 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breast (primary)	1 yr.
	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May - 1948	Carcinoma of breast	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to Feb. 21, 1949, that I last saw the deceased alive on Feb. 15, 1949, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Payton	M.D.	Crisfield. Md	Feb. 22, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	Feb 24 1949	werders	marion	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/24/49	Janice E. Spurrier	Charles H Ward	

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FEB 28 1949
BUREAU V. R.

61584

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

332

CERTIFICATE OF DEATH

836 Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield
STREET ADDRESS (If rural, give location) Lawsonia R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) Lorenzo E (Middle) (Last) Nelson

4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/22/1875
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Crisfield Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Henry Nelson
14. MOTHER'S MAIDEN NAME Elizabeth Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 213-10-8038
17. INFORMANT Hettie C. Nelson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1949, to Feb 25, 1949, that I last saw the deceased alive on Feb 25, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE C Rawley M D (Degree or title) ADDRESS Crisfield Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/27/49
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) Crisfield (State) Md.
DATE REC'D BY LOCAL REG. 2/27/49
REGISTRAR'S SIGNATURE C. E. Collins
24. FUNERAL DIRECTOR Durward Covington ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0 01985

EVIDENCE FOR ADDITIONAL INFO. # 21 IS ON: FILM # G119 - 3-30-49 A

CERTIFICATE OF DEATH 1860

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural give location) Somerset Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) N. (Last) Riggin

4. DATE OF DEATH: (Month) Feb. (Day) 22. (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 18. 1858

9. AGE last birthday: 90 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Somers

14. MOTHER'S MAIDEN NAME: Mary Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Blanche Riggin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fracture of neck of left Femur	2 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c) Psychosis	1 yr. +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home; (CITY OR TOWN): Crisfield; (COUNTY); (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12 - 19 - 48 m.; INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell when getting up from a chair. (3/29/49-S.)

22. I hereby certify that I attended the deceased from Dec. 19, 1948, to Feb. 22, 1949, that I last saw the deceased alive on Feb. 22, 1949, and that death occurred at 7:05 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Payton	M.D.	Crisfield, Md	Feb. 23, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Feb. 25, 1949; NAME OF CEMETERY OR CREMATORY: Crisfield Cem.; LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: Feb. 24, 1949; REGISTRAR'S SIGNATURE: Janice E. Spires

24. FUNERAL DIRECTOR: Durward Q. Covington, Crisfield. ADDRESS

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

(1)

VS. A15

RECEIVED
FEB 28 1949
BUREAU U. S.

Evidence for change in age shown on: FILM No. G 120 MAY 12 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.1 1310

01986

Reg. Dist. No. 261

1. PLACE OF DEATH:

County: Somerset

City or town: Marion Station, Md. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2/27/49.

Hospital, institution, or street address where death occurred: Marion Station, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion Station (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Louis Elbert Sterling

3.(b) Social Security Number: 220-16-9651

4. Sex: Male

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Maggie Sterling

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): December 4, 1878

8. AGE: Years 70 77 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Marion Station, Md. (Town, county, and state)

10. Usual occupation: Laboring

11. Industry or business

FATHER: 12. Name: Louis Sterling

13. Birthplace: Somerset County

MOTHER: 14. Maiden name: Martha Handy

15. Birthplace: Somerset County

16. Informant: Flossie Turpin

Address: Marion Station

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/2/49. (month) (day) (year)

Cemetery or crematory: Mount Perior

Location: Marion, Md.

18. Funeral director: Geo. W. Tilghman

Address: Marion Station

19. 3/1/49 1949 (Date rec'd by registrar) Betty Massey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 27 1949, at 10 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1949, to Feb 27 1949 and that I last saw him alive on Feb 20 1949

Immediate cause of death	DURATION
Uremia. Acute Dec of Heart	1 month
Due to Chronic Int. nephritis	Years
Chronic myocarditis	
Due to	
Other conditions General Arteriosclerosis	Years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C. Coulbourn MD M. D. or other

Address: Marion Md Date signed: Feb 1 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

592 01987

CERTIFICATE OF DEATH 13/01 Reg. Dist. No. 26-5

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunset Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 10 Wynnfall Avenue

3. NAME OF DECEASED (Type or Print): (First) AURELIA (Middle) STERLING (Last) STOUT

4. DATE OF DEATH: (Month) February (Day) 22 (Year) 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 27, 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kingston, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Long

14. MOTHER'S MAIDEN NAME: Georgianna Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Thomas Martin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia Cont Del & Hrt — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chron Nut nephritis Chron myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Feb 22, 1949, that I last saw the deceased alive on Feb 22, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Guy C Collins M.D. — ADDRESS: Marion Sta Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 25, 1949 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 2/25/49 — REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors — ADDRESS: Crisfield Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1949
BUREAU V. S.

Dr Markson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01988

331
83a

Reg. Dist. No. 260

M

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 300 E. Hampton Ave.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke city Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Julia Ward

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Addison Ward

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): March 24, 1891

8. AGE: Years 57 | Months 1 | Days 8 | If less than one day ... hrs. ... min.

9. Birthplace: Horntown, Va.
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: John Benson
13. Birthplace: Horntown Va.

MOTHER
14. Maiden name: Martha Minnor
15. Birthplace: Horntown Va.

16. Informant: Raymond Ward
Address: Pocomoke city, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 2-11-49 (month) (day) (year)

Cemetery or crematory: St. James (cemetery)

Location: Pocomoke city, Md.

18. Funeral director: Booker M. Cuesh
Address: Salisbury Md.

19. 2/11 1949 (Date rec'd by registrar) R. H. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8/49 19 at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1949 to Feb 8th 1949 and that I last saw her alive on Feb 7th 1949

Immediate cause of death: Cerebral Hemorrhage — DURATION: 4 Days

Due to: Essential Hypertension — 1 year

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Edna G. Mavrsman M.D. or other

Address: Princess Anne Md. Date signed 2-8-49

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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RECEIVED
FEB 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442 01989

CERTIFICATE OF DEATH

131a Reg. Dist. No. 265

1. PLACE OF DEATH· COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp.	STREET ADDRESS (If rural give location) Wynnefall Avenue

3. NAME OF DECEASED (Type or Print)	(First) LETHIA	(Middle) ALICE	(Last) WARD	4. DATE OF DEATH	(Month) Feb.	(Day) 1	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH March 4, 1875	9. AGE last birthday 73 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Marion, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hope Ward		14. MOTHER'S MAIDEN NAME India Purnell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Nora Charnick	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia Acute Del of Heart — 1 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Int nephritis Chronic myocarditis — Yeas

(c) Cardio Renal asthma asthma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION mw	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 28, 1949, to Feb 1, 1949, that I last saw the deceased alive on Feb 1, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George A Coulbourn		Marion Sta Md	Feb 2, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 3, 1949	NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	LOCATION (City, town, or county) (State) Marion, Maryland
DATE REC'D BY LOCAL REG. February 2,	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

01990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

776
159

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke - Route 1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke - Route 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elwood (Middle) (Last) Waters

4. DATE OF DEATH (Month) February (Day) 20, (Year) 1949

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 2/20/49

9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 6 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pocomoke Md.-Rt. 1

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harvey Waters

14. MOTHER'S MAIDEN NAME Elizabeth Hitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Elizabeth Waters - Pocomoke, Md.-Rt. 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10:45 A.m., from the causes and on the date stated above.

I did not see body, was delivered by midwife

SIGNATURE Rt Johnson M.D. (Degree or title) ADDRESS Princess Anne 2-20-49 DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 2/20/49

NAME OF CEMETERY OR CREMATORY Private Cem.

LOCATION (City, town, or county) (State) Pocomoke-Rt.-1-Md.

DATE REC'D BY LOCAL REG. 2/20/49

REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.

24. FUNERAL DIRECTOR Harvey Waters - Pocomoke, Md. Rt. 1 (father of child) ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

01991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

CERTIFICATE OF DEATH

82

Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon — LENGTH OF STAY (in this place) all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print)	(First) Lester	(Middle)	(Last) Waters	4. DATE OF DEATH	(Month) Feb.	(Day) 14	(Year) 1949
5. SEX M	6. COLOR OR RACE B	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 23 1876	9. AGE last birthday 72 yrs.	If under 1 year Months 4	Days 24	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Mt Vernon, Md	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME —	14. MOTHER'S MAIDEN NAME Jeanette Buck						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT Marie E. Waters					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Transverse Myelitis	1 Year
Antecedent cause(s)	(b) Cerebral Haemorrhage	18 mths
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28th, 1949, to Feb 14th, 1949, that I last saw the deceased alive on Feb 12th, 1949, and that death occurred at 9.15A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest G. Marksman		Princess Anne, Md	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 17 1949	NAME OF CEMETERY OR CREMATORY Polks Rd. Cemetery	LOCATION (City, town, or county) Mt Vernon	(State) Md.
DATE REC'D BY LOCAL REG. Feb. 15, 1949	REGISTRAR'S SIGNATURE R. H. Johnson, M.D. G.H.B.	24. FUNERAL DIRECTOR Dale Daskell	ADDRESS	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 331

01992

CERTIFICATE OF DEATH 830

Reg. Dist. No. 2-68

1. PLACE OF DEATH
COUNTY Somerset County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Deal Island COUNTY Somerset Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lucula (Middle) C (Last) Webster

4. DATE OF DEATH (Month) Feb (Day) 17 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH January 2 1869 | 9. AGE last birthday 79 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Allen Maryland | 12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Clark Wheatley | 14. MOTHER'S MAIDEN NAME Jane (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs Emma Webster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular accident — Interval Between Onset and Death: 1½ hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☑ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17 1949 to Feb 17 1949 that I last saw the deceased alive on Feb. 17, 1949 and that death occurred at 10:35 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert L. Stanley M.D. Salisbury 2-19-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Feb 20 1949 | NAME OF CEMETERY OR CREMATORY Deal Island Cemetery | LOCATION (City, town, or county) Deal Island (State) Md.

DATE RECD BY LOCAL REG. 2/20/49 | REGISTRAR'S SIGNATURE Lola T. Wheatley | 24. FUNERAL DIRECTOR Dale Dashiell ADDRESS Princess Anne, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

01993

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

754.4
157e

Reg. Dist. No. 261

1. PLACE OF DEATH:

County: Somerset

City or town: Marion Station
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion Station
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) ~~FULL~~ NAME: Robert Lee White — (BIRTH CERT WHITTINGTON)

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: None

6.(c) If alive, give age ... years

7. Birth date of deceased (mo. day yr.): Monday 14 February 1949

8. AGE: Years | Months | Days: 5 | If less than one day ... hrs. ... min.

9. Birthplace: Marion Station Md
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business: None

FATHER
12. Name: (MORRIS WHITE ON B.C.) Southow
13. Birthplace

MOTHER
14. Maiden name: Ilene Whittington
15. Birthplace: Marion Station Md

16. Informant: John T. Whittington
Address: Marion Station Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: February 21 1949
(month) (day) (year)

Cemetery or crematory: Family Cemetery

Location: Marion

18. Funeral director: Geo W. Tilghman
Address: Marion Station Md

19. 2/19/49 19
(Date rec'd by registrar)
Betty Massey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 19 1949 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when I was Called

and that I last saw h — alive on — 19

Immediate cause of death: Heart Disease Congenital — DURATION

Due to: Born Weak never Strong - Died

Due to: Suddenly

Other conditions

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Wm H Coulbourn M D
M. D. or other

Address: Crisfield, Md Date signed: 2/20/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
FEB 25 1949
BUREAU V. S.